

109TH CONGRESS
1ST SESSION

H. R. 2832

To establish certain conditions on the Secretary of Veterans Affairs implementing any recommendation of the CARES Commission that would have the effect of eliminating or severely reducing any medical service provided to veterans throughout the United States at Department of Veterans Affairs medical facilities.

IN THE HOUSE OF REPRESENTATIVES

JUNE 9, 2005

Mrs. KELLY introduced the following bill; which was referred to the
Committee on Veterans' Affairs

A BILL

To establish certain conditions on the Secretary of Veterans Affairs implementing any recommendation of the CARES Commission that would have the effect of eliminating or severely reducing any medical service provided to veterans throughout the United States at Department of Veterans Affairs medical facilities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Securing Access to
5 Vital Entitlements for United States Veterans Act” or the
6 “SAVE US VETS Act”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Veterans have sacrificed tremendously on
4 behalf of their Nation and deserve the best quality
5 health care and benefits that were promised to them
6 by their country.

7 (2) The Veterans Equitable Resource Allocation
8 (VERA) formula, established by the Department of
9 Veterans Affairs pursuant to section 429 of the fis-
10 cal year 1997 VA/HUD appropriations Act (Public
11 Law 104–204; 110 Stat. 2929), has proved to be an
12 ineffective means of allocating veterans medical care
13 dollars fairly across the 22 national service regions,
14 known as Veterans Integrated Service Networks
15 (VISNs), of the Department of Veterans Affairs.

16 (3) A study by the General Accounting Office
17 released in February 2002 found weaknesses in the
18 Department’s implementation of VERA, such as the
19 omission of about 20 percent of the workload of the
20 Department of Veterans Affairs in formulating each
21 network’s allocation and VERA’s lack of accounting
22 for the cost of differences among networks resulting
23 from variation in their patients’ health care needs as
24 well as it could, which “compromise VERA’s ability
25 to allocate comparable resources for comparable
26 workloads”.

1 (4) The same General Accounting Office study
2 found that failure to implement the General Ac-
3 counting Office's recommendations has resulted in
4 the misallocation of \$200,000,000 annually by the
5 Department and \$920,000,000 that would otherwise
6 have been awarded to veterans health care facilities
7 in the northeast and was instead granted to the
8 south and southwest.

9 (5) In May of 2004, the Secretary of Veterans
10 Affairs announced the Secretary's decision with re-
11 spect to implementation of recommendations of the
12 commission established by the Secretary on Decem-
13 ber 22, 2003, known as the Department of Veterans
14 Affairs Capital Asset Realignment for Enhanced
15 Services Commission (or the CARES Commission).

16 (6) That May 2004 decision of the Secretary of
17 Veterans Affairs referred to in paragraph (5) would
18 diminish veterans' health care options by breaking
19 promises and pushing deserving veterans away from
20 the veterans health facilities designed and built to
21 provide care and treatment to the veterans who have
22 suffered on the battlefield.

23 (7) The CARES Commission failed to include
24 mental health as part of its criteria during its com-

1 pletion of its February 2004 report to the Secretary
2 of Veterans Affairs.

3 (8) The May 2004 decision of the Secretary of
4 Veterans Affairs to move acute and long-term psy-
5 chiatry beds, without proper and sufficient data on
6 mental health of the affected veterans, is premature
7 and ill-conceived.

8 (9) The consolidation of services, closing of hos-
9 pitals, and removal of services, which the Secretary
10 of Veterans Affairs claims will “enhance patient
11 care”, will only worsen and decrease services avail-
12 able to the Nation’s veterans.

13 **SEC. 3. LIMITATION ON THE SECRETARY OF VETERANS AF-**
14 **FAIRS IMPLEMENTING CERTAIN REC-**
15 **COMMENDATIONS OF THE CARES COMMIS-**
16 **SION.**

17 (a) LIMITATION.—The Secretary of Veterans Affairs
18 may not implement any recommendation of the CARES
19 Commission described in subsection (b) until the health
20 care funding allocation system for the Veterans Health
21 Administration in effect on the date of the enactment of
22 this Act, known as VERA (Veterans Equitable Resource
23 Allocation), is replaced with a new, more equitable formula
24 for the allocation of funds appropriated to the Department
25 of Veterans Affairs.

1 (b) COVERED RECOMMENDATIONS.—This section ap-
2 plies to any recommendation of the CARES Commission
3 that is contained in the report of that commission dated
4 February 2004 and that would have the effect of elimi-
5 nating or severely reducing a medical service provided to
6 veterans throughout the United States at Department of
7 Veterans Affairs medical facilities.

8 (c) CARES COMMISSION.—In this section, the term
9 “CARES Commission” means the commission established
10 by the Secretary on December 22, 2003, known as the
11 Department of Veterans Affairs Capital Asset Realign-
12 ment for Enhanced Services Commission.

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